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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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12-17-01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 005745.P001
(maximum 12 characters)First Named Inventor Samuel C Gibbs IIITitle: METHOD AND APPARATUS FOR PROCESSING HEALTH INSURANCE APPLICATIONS OVER A NETWORKExpress Mail Label No. EL672754086USjc781 U.S. PTO
10/29/01ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, D. C. 20231

10/29/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. Applicant Claims Small Entity Status. (37 CFR 1.27)
3. Specification (Total Pages 33)
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table,
or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawings(s) (35 USC 113) (Total Sheets 11)
5. Oath or Declaration (Total Pages 12)
 - a. Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. DELETIONS OF INVENTOR(S) Signed statement attached deleting
inventor(s) named in the prior application, see 37 CFR 1.63(d)(2)
and 1.33(b).
 - c. Unsigned.
6. Application Data Sheet. (37 CFR 1.76)
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
- c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. **Assignment Papers (cover sheet & documents(s))**
10. a. Separate 37 CFR 3.73(b) Statement (where there is an assignee)
 b. Power of Attorney
11. English Translation Document (if applicable)
12. a. Information Disclosure Statement (IDS)/PTO-1449
 b. Copies of IDS Citations
13. **Preliminary Amendment**
14. **Return Receipt Postcard (MPEP 503) (Should be specifically itemized)**
15. Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. **Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.**
17. Other: Copy of Postcard with Express Mail Certificate of Mailing

18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP)
Of Prior Application No.: _____ Examiner _____ Group Art Unit _____

Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority.

For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18B. Statement under 37 CFR 3.73(b) for continuing application:

The undersigned states that _____ (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel. No. _____ Frame No. _____ (or a copy of which is attached).

19. Correspondence Address

Customer Number or Bar Code Label _____
or _____ (Insert Customer No. or Attach Bar Code Label here)
 Correspondence Address Below

NAME James H. Salter
BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

ADDRESS 12400 Wilshire Boulevard
Seventh Floor

CITY Los Angeles STATE California ZIP CODE 90025-1026

Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397

Name (PRINT/TYPE): James H. Salter Registration No.: 35,668
Signature: [Signature] Date: 10/29/01

FEE TRANSMITTAL FOR FY 2002TOTAL AMOUNT OF PAYMENT (\$) 1,368.00**Complete if Known:**Application No. Not Yet AssignedFiling Date HerewithFirst Named Inventor Samuel C. Gibbs IIIGroup Art Unit Not Yet AssignedExaminer Name Not Yet AssignedAttorney Docket No. 005745.P001**METHOD OF PAYMENT** (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666

Deposit Account Name _____

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other**FEE CALCULATION****1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
		Utility application filing fee	<u>740.00</u>
		Design application filing fee	_____
		Plant filing fee	_____
		Reissue filing fee	_____
		Provisional application filing fee	_____
SUBTOTAL (1) \$ 740.00			

2. EXTRA CLAIM FEES

	<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims 48	- 20** = 28	X 18.00	= 504.00
Independent Claims 4	- 3** = 1	X 84.00	= 84.00
Multiple Dependent		=	=

**Or number previously paid, if greater; For Reissues, see below.

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>
Fee	Fee	Fee
Code	(\$)	Code
103	18	203 9
102	84	202 42
104	280	204 140
109	84	209 42
110	18	210 9
		Claims in excess of 20
		Independent claims in excess of 3
		Multiple dependent claim, if not paid
		**Reissue independent claims over original patent
		**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$.588.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code	Fee (\$)	Fee Code (\$)	
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
099	8,800	099	8,800
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
			40.00

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ 40.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: James H. SalterSignature: [Signature] Date: 10/28/01Reg. Number: 35,868 Telephone Number: 408-720-8300

EXPRESS MAIL CERTIFICATE OF MAILING

"Express Mail" mailing label number: EL672754086US
Date of Deposit: 10/29/01

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

(Typed or printed name of person mailing paper or fee)
Dawn K. Schutte

(Signature of person mailing paper or fee)
Dawn K. Schutte

(Date signed)
10/29/01

Serial/Patent No.: <u>*****</u>	Filing/Issue Date: <u>Herewith</u>
Client: <u>eHealth Insurance</u>	
Title: <u>METHOD AND APPARATUS FOR PROCESSING HEALTH INSURANCE APPLICATIONS OVER A NETWORK</u>	
BSTZ File No.: <u>005745.P001</u>	Atty/Secty Initials: <u>JHS/DLS/dkr</u>
Date Mailed: <u>October 29, 2001</u>	Docket Due Date: <u>*****</u>
The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:	
<input type="checkbox"/> Amendment/Response (<u> </u> pgs.)	
<input type="checkbox"/> Appeal Brief (<u> </u> pgs.) (in triplicate)	
<input checked="" type="checkbox"/> Application - Utility (<u>33</u> pgs., with cover and abstract)	
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (<u> </u> pgs.)	
<input type="checkbox"/> Application - Rule 1.53(b) Divisional (<u> </u> pgs.)	
<input type="checkbox"/> Application - Rule 1.53(b) CIP (<u> </u> pgs.)	
<input type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (<u> </u> pgs.)	
<input type="checkbox"/> Application - Design (<u> </u> pgs.)	
<input type="checkbox"/> Application - PCT (<u> </u> pgs.)	
<input type="checkbox"/> Application - Provisional (<u> </u> pgs.)	
<input checked="" type="checkbox"/> Assignment and Cover Sheet <u>5</u> Pgs Signed	
<input checked="" type="checkbox"/> Certificate of Mailing <u>Express Mail</u>	
<input checked="" type="checkbox"/> Declaration & POA (<u>12</u> pgs.) <u>Signed</u>	
<input type="checkbox"/> Disclosure Docs & Qig & Cpy of Inventor Signed Letter (<u> </u> pgs.)	
<input checked="" type="checkbox"/> Drawings: <u>11</u> # of sheets includes <u>11</u> figures	
<input type="checkbox"/> Other: _____	

<input checked="" type="checkbox"/> Express Mail No: <u>EL672754086US</u>	<input checked="" type="checkbox"/> Check No. <u>46154</u>
<input type="checkbox"/> _____ Month(s) Extension of Time	Amt: <u>1,328.00</u>
<input type="checkbox"/> Information Disclosure Statement & PTO-144 (<u> </u> pgs.)	<input checked="" type="checkbox"/> Check No. <u>46153</u>
<input type="checkbox"/> Issue Fee Transmittal	Amt: <u>40.00</u>
<input type="checkbox"/> Notice of Appeal	
<input type="checkbox"/> Petition for Extension of Time	
<input type="checkbox"/> Petition for _____	
<input checked="" type="checkbox"/> Postcard	
<input type="checkbox"/> Power of Attorney (<u> </u> pgs.)	
<input type="checkbox"/> Preliminary Amendment (<u> </u> pgs.)	
<input type="checkbox"/> Reply Brief (<u> </u> pgs.)	
<input type="checkbox"/> Response to Notice of Missing Parts	
<input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business	
<input checked="" type="checkbox"/> Transmittal Letter, in duplicate	
<input checked="" type="checkbox"/> Fee Transmittal, in duplicate	